Application for Special Masters

(Please print or type)

FULL NAME:				
BUSINESS ADDRESS:				
MAILING ADDRESS:(if different)				
HOME TELEPHONE:				
OFFICE TELEPHONE:		FAX #:		
SOCIAL SECURITY #:				
FORMAL EDUCATION				
<u>SCHOOL</u>	GRADUAT	ION DATE	<u>DEGREE</u>	
DATE ENTERED LAW PRAC	CTICE:			
STATE BAR NUMBER:				
COUNTY OF ADMISSION: _				
HAVE YOU HAD AT LEAST 3 YEARS OF LAW PRACTICE?				
WHAT TYPE(S) OF LAW DO	YOU/ HAVE YO	OU PRACTICE(D)?		

TRAINING

Have you served as a referee?				
Have you served as an arbitrator?				
Have you ever been subject to any disciplinary action professionally? Yes No (If yes, please explain on a separate sheet of paper.)				
Have you ever been charged or convicted with offenses? Yes No (If yes, please explain on a separate sheet of page 1.5.	·			
I,	f my knowledge I qualify O.C.G.A. 22-2-103. I understand			
Signature of Applicant	Date			
Notary Public Sworn and subscribed before me This day of, 2008 Notary Public, County My commission expires:				

*** To satisfy the Special Master qualification of "Good Standing," a current letter of certification of good standing and membership must be issued to the Special Master office by the Georgia State Bar Association.

To obtain a letter of good standing from the Georgia State Bar Association, you must make a written request to:

State Bar of Georgia 104 Marietta Street, Suite 100 Atlanta, Georgia 30303 ATTN: Membership Dept.

Request that the letter be sent directly to the Superior Court Administration-Special Master Program at the address below ***

> Special Master Program Superior Court Administration 30 Waddell Street Marietta, Georgia 30090-9642 ATTN: Lisa Chao